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SAINT FRANCIS MEMORIAL HOSPITAL and
6 FRANKLIN BENEVOLENT CORPORATION F/K/A
DAVIES MEDICAL CENTER
7

8 UNITED STATES DISTRICT COURT
9 NORTHERN DISTRICT OF CALIFORNIA
10 SAN FRANCISCO DIVISION

11 SAINT FRANCIS MEMORIAL HOSPITAL
and FRANKLIN BENEVOLENT
12 CORPORATION F/K/A
13 DAVIES MEDICAL CENTER

14 Plaintiffs,

15 vs.

16 MICHAEL O. LEAVITT, IN HIS
OFFICIAL CAPACITY AS SECRETARY
17 OF THE DEPARTMENT OF HEALTH
AND HUMAN SERVICES,

18 Defendant.
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CASE NO. CV 08 1440

**CERTIFICATE OF SERVICE OF
SUMMONS & COMPLAINT AND
RELATED PAPERS**

GARY E. GLEICHER declares:

I am an attorney at law and a member of the Bar of the United States District Court for the Northern District of California. My business address is 433 North Camden Drive, Suite 730, Beverly Hills, California, 90210.

On April 2, 2008, I served the following documents entitled:

**SUMMONS IN A CIVIL CASE;
COMPLAINT FOR JUDICIAL REVIEW OF FINAL ADVERSE AGENCY DECISION ON
MEDICAL REIMBURSEMENT;
ORDER SETTING INITIAL CASE MANAGEMENT CONFERENCE AND ADR
DEADLINES;
NOTICE OF ASSIGNMENT OF CASE TO A UNITED STATES MAGISTRATE JUDGE
FOR TRIAL;
STANDING ORDERS [OF MAGISTRATE JUDGE BERNARD ZIMMERMAN];
ECF REGISTRATION INFORMATION HANDOUT;
WELCOME TO THE U.S. DISTRICT COURT, SAN FRANCISCO HANDOUT**

on defendant Michael O. Leavitt, In His Official Capacity As Secretary Of The Department Of Health And Human Services, pursuant to Federal Rule of Civil Procedure 4(i)(1)-(2), by placing true copies thereof in sealed envelopes and depositing them in the United States mail with postage thereon fully prepaid for certified mail, return receipt requested, addressed as follows:

Joseph P. Russoniello
United States Attorney
450 Golden Gate Ave., 11th Floor
San Francisco, CA 94102

Michael Mukasey
Attorney General of the United States
950 Pennsylvania Ave. SW
Washington, DC 20530

Michael O. Leavitt
Secretary of Health & Human Services
Room 615-F
200 Independence Ave. SW
Washington, DC 20201

True copies of the certified mail return receipts are attached hereto as Exhibit "A" and incorporated by reference.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on May 21, 2008 at Beverly Hills, California.

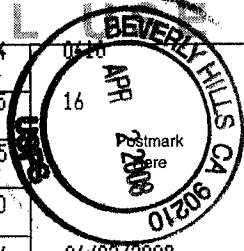
/s/ Gary E. Gleicher
GARY E. GLEICHER

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$2.84
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$7.64

04/02/2008



Sent To **MICHAEL D. LEAVITT**
 Street, Apt. No., or PO Box No. **Rm 615-F-200**
 City, State, ZIP+4 **INDEPENDENCE AVE SW DC 20201**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL D. LEAVITT
Sec. 1 Health
Rm 615-F
200 INDEPENDENCE AVE SW
WASHINGTON DC 20201

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

LAUREN

C. Date of Delivery

4-8-08

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Joseph P. Russoniello US A 47 450 GOLDEN GATE AVE 11th Floor SAN FRANCISCO CA 94102</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) 7007 3020 0001 1865 7049</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>			

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Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$6.62

04/02/2008

Sent To: Joseph P. Russoniello
 Street, Apt. No., or PO Box No.: 450 GOLDEN GATE AVE
 City, State, ZIP+4: SAN FRANCISCO, CA 94102

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
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WASHINGTON DC 20530

Postage	\$ 2.84
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 7.64

04/02/2008

BEVERLY HILLS CA 90210

Postmark Here

Sent To **MICHAEL MUKASEY**
 Street, Apt. No.,
 or PO Box No. **950 PENNSYLVANIA AVE**
 City, State, ZIP+4 **WASHINGTON DC 20530** **SW**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Samuel J. Parker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) APR 07 2008 C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>MICHAEL MUKASEY ATTN: General US 950 PENNSYLVANIA AVE WASHINGTON DC 20530</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540